

ALDER GROVE WATER ASSOCIATION

6912 HANNEGAN #105 LYNDEN, WA 98264

PHONE: 360-354-7909 / FAX: 360-354-8935

Email Address: info@watersystems-services.net

Application for New or Additional Water Service

INSTRUCTIONS

Please Read Entire Application Carefully Before Completing

This application will be used to determine if your request for New or Additional Water Service(s) will be approved. It is recommended that you submit your application in person during regular business hours along with the required non-refundable \$100 application fee. Once received the Association staff will review the application to determine if it is complete and meets the minimum qualifications for service. Once the application is complete it will be accepted and be given a priority date.

Incorrectly completed applications may result in additional fees and/or delay processing and approval and will be the responsibility of the applicant. In addition, if the water service or meter is determine to be too small for its intended use as a result of incorrect information on the application the applicant will accept full responsibility for the cost of any changes required to the upgrade the service.

Once an application is approved, all fees for Membership(s), Additional Service Connection(s), Additional Equivalent Residential Units (ERU's) and any additional processing fees are due and payable in full. If payment is not received within 30 days of approval the application and priority date will be suspended until payment is received. After 60 days the application and priority date will become void.

The cost of all materials, labor, and equipment incurred by a licensed, board approved contractor to tap the water main, install the required water meter, accessories, and back flow prevention is the financial responsibility of the applicant. Any expenses to be incurred by the Association on behalf of the applicant are due in full before the service will be installed and turned on.

Installation of service from the main to the service meter, which shall be located at the property line nearest the adjacent main with adequate capacity, shall be installed only by an approved contractor. All connections to the AGWA distribution must be inspected and approved by the association prior to the water service being turned on.

Nothing contained herein shall mean, or be construed to mean, that the Utility has or shall be required to inspect or examine the plans or premises of the Applicant, or in any way be responsible for the condition of the pipes or water system on the Applicant's premises.

I understand that Membership and all water connections are subject to the Bylaws, Rules, Regulations, Policies, and Construction Standards of the Alder Grove Water Association including the minimum monthly base rate and capital rate, as well as the regulations of the local, State, and Federal Drinking Water standards and plumbing regulations. I have read these instructions and I have had adequate opportunity to review and understand the Association's Bylaws and Water User Agreement. I agree to comply with all the terms and conditions of Membership and service in and from the Alder Grove Water Association as they are now in force or may from time to time be amended.

Signature of Applicant: _____ **Date:** _____

Application Date: _____ Date Accepted: _____ By: _____

AGWA APPLICATION FOR NEW/ADDITIONAL WATER SERVICE

Applicant Information:

Applicant Name: _____ Applicant Phone #: _____
Contact Name: _____ Contact Phone #: _____
Service Address: _____
Property Parcel Number: _____ - _____ - _____
Legal Description (attach full legal description, section map, parcel map, deed history):

Property Owner Information:

Name First: _____ Initial: _____ Last: _____
Mailing Address (If different from service address): _____
City: _____ State: _____ Zip: _____

Billing Address (If different from above address): _____
City: _____ State: _____ Zip: _____

Primary Phone #: _____ Alternate Phone #: _____ Fax #: _____
Emergency contact: _____ Phone #: _____
Employer Name: _____ Phone #: _____
Email Address: _____

General Information

Is property currently serviced by AGWA? Yes ___ No ___ If yes list current account # _____

Has the property ever been serviced by another source: (well, system, etc) No ___ Yes ___

If yes please provide details: _____
(If the property has been or will continue to be serviced by a well or other source of water, the AGWA and the State Department of Health will require the alternate source to be inspected and physically disconnected from the onsite distribution system to be serviced by the AGWA. In some cases the AGWA may require that adequate cross connection control measures be implemented at the customers expense before service can be activated on.)

Estimated date new/additional service will be activated: _____

Type of Service Requested: (List Memberships / Additional ERU's)

Single Family Residence: ___ / ___ Guest House/Mother-in-law suite: ___ / ___

Rental: ___ / ___ Multi-Family Unit Apt./Condo: ___ / ___

Commercial: ___ / ___ Nature of Service: _____

Other (please describe): _____

Property/Lot Size _____ (sq ft / acres) Zoning: _____

Proposed Building Square Feet: _____ Number of Stories/Floors: _____

Estimated distance from property frontage to furthest expected use: _____ ft

Lawn Irrigation System: Yes ___ No ___ If yes: Existing Sq. Ft. _____ Future Sq. Ft. _____

Total estimated gallons of water needed daily: _____ GPD (1 Average ERU = 225 gal/day)

Size of service requested (1" Standard, 2") _____

Size of meter requested (5/8" Standard, 3/4", 1", 1 1/2", 2") _____

For Office Use Only:

Application Fees Due

Application Fee (\$100): _____ Date Paid: _____ Received By: _____
Additional Processing Fee: _____ Date Paid: _____ Received By: _____
Other Processing Fees: _____ Date Paid: _____ Received By: _____
Additional Deposit Required: _____ Date Paid: _____ Received By: _____

Approval Fees Due

Memberships Approved: _____ Membership Fee Due: \$ _____
Additional ERU's Approved: _____ ERU Fee Due: \$ _____
Additional Connections Approved: _____ Connection Fee Due: \$ _____
Other Fees: _____ Amount Due: \$ _____
Other Fees: _____ Amount Due: \$ _____

Total Amount Due: \$ _____

-
- Total Payment Received: _____ Date: _____ Received By: _____
 - Water User Agreement Signed: _____ Date: _____ Received By: _____
 - Notice of Membership Recorded: _____ Date: _____ Recorded By: _____
 - Certificate Number Assigned: # _____ Date: _____ Assigned By: _____
 - Account Number Assigned: # _____ Date: _____ Assigned By: _____
 - Customer Account File Created: _____ Date: _____ Created By: _____
 - Utility Billing System Updated: _____ Date: _____ Created By: _____
 - Other: _____ Date: _____ Created By: _____
 - Other: _____ Date: _____ Created By: _____
-

Application reviewed by: _____ Date: _____

Application approved by: _____ Date: _____

Acceptance by Applicant: _____ Date: _____

AGWA APPLICATION FOR NEW/ADDITIONAL WATER SERVICE

Authorization for Owners Representative or Party with Substantial Possessory Interest to Submit Application for New or Additional Water Service(s).

An application must be signed by the legal property owner(s) of record. Ownership will be verified through the Whatcom County Assessors Office Database or other verifiable source such as a current deed history. In the event that the owner(s) wishes to authorize another party to make application for water service on their behalf or acknowledge the authority of a party with a substantial possessory interest in the property, the following declaration must be signed, notarized and returned by the owner(s) along with the application.

Definition of Substantial Possessory Interest is: "where the person or persons have a legal right to control and occupancy of a property but do not have the legal or the equitable ownership of the property. It may be under a lease or similar right to possession."

I, _____ (property owner), am the primary and responsible owner of the property identified by parcel number _____, and by my signature I hereby: (select one)

_____ (initial) authorize the applicant, _____ to act on my behalf to process the application for Membership and/or additional water service from the Alder Grove Water Association.

_____ (initial) acknowledge the possessory interest of: _____, and have no objections to this party applying for Membership and/or additional water service from the Alder Grove Water Association.

DATED this ____ day of _____, 20__.

Property Owner

Property Owner

STATE OF WASHINGTON }

COUNTY OF WHATCOM }

On this _____ day of _____ 200__, before me personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing Instrument and acknowledged to me that they signed the same as their free and voluntary set and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal the day and year first above written.

Notary Public in and for the State Of Washington,
Residing at _____.
My Commission Expires _____.